of 6

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# Performance Assessment Report

O Interim O Fina	al O Adde	ndum		Period Report	: From	То	
All DATES should be in the format CCYY/MM/DD where CC stands for century.							
			SEC	TION I			
la. Contract Divisi Stree Stree Count Place of Performan	2a. Contract Number: 2b. Modification Number: 2c. Del Task Order No: 2d. Initial Value (Base + Options):  2e. Current Value: 3a. Award Date: 3b. Completion Date:						
1b. CAC	iE:						
le. DUS	(8:		SECT	TION II			
4.1	Contracto	or POC		4b. Gov't Con	tract Specialist/	Administrator	
Name: Position/Title: MACOM: Street1: Street2: Street3. City: State: Country: Commercial: DSN: FAX Comm: FAX DSN: International:	Last: Zip:	First:	MI:	Last: Zip:	First:	MI:	
Int FAX Comm: E-Mail Address:			-				
			SECT	ION III			
5. Method of Contrac	t:					•	
O Sealed Bid		O Neg	otiated				

6. Type of Contra	ct: (Check	all that app	oly)		
FFP [	FPR	□ cc	☐ CPFF		Rqmts
☐ FP-EPA [		CPIF	Labor Hou	ır 🔲 .	Agreement
☐ FPI [	☐ CS	□ СРАБ	☐ ID/IQ		Letter
7. Socio-economic	c Program:				
O <sub>SBSA</sub>	0	<b>W</b> /O	O Hub Zone	(	O None
O HBCU/M	1 0	SBIR	O <sub>SDBSA</sub>		
8. Competition:					
O Competed A	Action		O Follow on to	o Comp	eted Action
O Not Availab	ole for Com	petition	O Not Compet		
9. Type of Supply	Service:		_	_	
$\sim$	$\sim$ $\sim$ $\sim$	a-Dovolom	anamest Joseph C	) Store	Common and all
O Commercial	I O Moi	1-Develop	nental atem	NOH-	Commercial
O Commercial	ı • Noi	r-bevelop			ON IV
Commercial  10. Business Sector		ι-σενειόμι			
				ECTI	
10. Business Sector	or:	0.	S	ECTI	ON IV
10. Business Sector O Space	or:	0,	Sl Ground Vehicles	ECTI	ON IV  O Information Technology
10. Business Sector O Space O Ordnance	or:	0 ( 0 (	Sl Ground Vehicles Shipbuilding	ECTI	ON IV  O Information Technology O Science & Technology
10. Business Sector O Space O Ordnance O Aircraft	or:	0 ( 0 (	Solution Specification Shipbuilding Other Systems	ECTI	ON IV  O Information Technology O Science & Technology
10. Business Sector O Space O Ordnance O Aircraft	or:	0 ( 0 (	Solution Specification Shipbuilding Other Systems	ECTI	ON IV  O Information Technology O Science & Technology
10. Business Sector O Space O Ordnance O Aircraft O Training S	or:	0 ( 0 (	Solution Specification Shipbuilding Other Systems	ECTI	ON IV  O Information Technology O Science & Technology
10. Business Sector O Space O Ordnance O Aircraft O Training S	or:	0 ( 0 (	Solution Specification Shipbuilding Other Systems	ECTI	ON IV  O Information Technology O Science & Technology

13. Sub-Contractors:		 		 	 
Name:					
Street1:					
Street2:					
Street3:					
City:					
State:	Zip:				
Country:			-		
Description:					
Name:					
Street 1:					
Street2:					
Street3:					
City:					
State:	Zip:				
Country:					
Description:					
Name:					
Street1:					
Street2:					
Street3:					
City:					
State:	Zip:				
Country:	<i>7.</i> τμ.				
Description:					
ezesenpatou,					

### SECTION V (All Business Sectors other than Systems)

#### Ratings:

The following rating standards were used to evaluate the contractor's performance. The following ratings apply to all items in Section  $V_{\rm c}$ 

#### Ratings

Exceptional Very Good Satisfactory Marginal Unsatisfactory

14.

a. Quality of Product/Service

TO CAR COMPAGE COM 3.ht

Past Performance Information Management System

f. Other (Optional)			

## **SECTION VI**

15. Evaluator:				
	Last	First	MI	
Name:				Date Approved by Evaluator:
Element:				
	Commercial:			DSN:
	FAX Comm;			FAX DSN:
	International:			Int FAX Comm:
	E-Mail Address:			
	Last	First	МІ	
Name:				Date Approved by Evaluator:
Element:				
	Commercial:			DSN:
	FAX Comin:			FAX DSN:
	International:			Int FAX Comm:
	E-Mail Address:			
	Last	First	МІ	
Name:				Date Approved by Evaluator:
Element:				
	Commercial:			DSN:
	FAX Comm;			FAX DSN:
	International:			Int FAX Comm;
	E-Mail Address:			

16. Contracting Officer/PM:

	Last	First	MI			
Name:				Date Approved by KO/PM:		
	Comme	rcial:		DSN:		
	FAX Co	mm:		FAX DSN:		
	Internati	onal:		Int FAX Comm:		
	E-Mail Add	ress:				
	•					
17. Contractor R	eview: Last	First	MI			
Name:	Last	1 (15)	IVII	Position/Title:		
	ctor Receive	d PAR:		Date of Receipt of Contractor Response:		
isate a witte	Comme			DSN:		
	FAX Co			FAX DSN:		
	Internati	onal:		Int FAX Comm:		
	E-Mail Add	iress:				
Comments J	movided? C	Yes O N	o If	YES, Indicate Number of Pages Attached ( )		
18. Reviewing O	tficial.					
	Last	First	MI			
Name:				Date Referred:		
	Comme	rcial:		DSN:		
	rax cc	umn;		FAX DSN:		
International:				Int FAX Comm:		
E-Mail Address:						
Resolution I	Decision Doc	ument, if ap	plicable:	( ) Number of pages Date of Resolution:		
19. Source Select Date of Find			e PAR en	tered into PPIMS:		

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